

Ontario Energy Board P.O. Box 2319 2300 Yonge Street 27<sup>th</sup> Floor Toronto ON M4P 1E4 Telephone: 1-888-632-6273 Facsimile: (416) 440-7656

Licence

Commission de l'énergie l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656

**Application for an Electricity Retailer** 

## JUL 2 7 2015



## **ONTARIO ENERGY BOARD**

For	Office Use Only
Application Number EB - 2015 -0234	
Date Received	July 27/15

1. The Applica	nt		
Legal Name of th	ne Applicant :	Magnolia Generation Inc.	
Name to Appear	on Licence:	Magnolia Generation	
Indicate if the	ne name to appear	on the licence is the same as the legal name.	
Please note that i include the legal r	f the name to appe	ear on the licence is not the same as the legal name, the name of ant and the legal name must appear first. The "Name to Appear	
Business Classifie	cation:		
○ Sole Proprieto	or		
C Partnership			
○ Corporation			
<ul><li>Other (describ</li></ul>	e) Limited Pa	rtnership	<b>-</b> ::
Date of formation	or incorporation:	April 10, 2014	
Place of formation	n or incorporation:	Toronto	
Province/state	Ontario		ř.
Country	Canada		
		applicant must be at least 18 years old. e or she at least 18 years old?	
○ Yes			
○ No			
<ul><li>Not applicable</li></ul>	e - not an individua	I	

## 2. Licence Primary Contact

As a condition of licensing, the licensee shall designate a person who will act as primary contact with the Board on matters related to the licence.

	Last Name	First Name	Initial
Mr. 💿 Mrs. 🔾	Kennedy	James	E
Miss C Ms. C	Title/Position		
Other O	President & CEO		
	Company Name if diffe	rent from Name to Appear on Licence	
Licence Primary Contact	: Address:		
412 Roncesvalle Ave, S	uite 204		
City	Province/State	Country	Postal/Zip Code
Toronto	Ontario	Canada	M6R 2N2
Phone Number	Toll Free (if available) Fax	Number E-mail Address	
647-267-1871	1-844-500-MAGNOLIA 1-84	14-500-MAGNOLIA jkennedy@magnolia	energy.ca
office in Ontario) as the a	ddress of service.	B years old, or a corporation that has its he	
Mr. () Mrs. ()	Last Name	First Name	Initial
Mr. O Mrs. O Miss O Ms. O	<u></u>		
Other (	Title/Position	-11	
Other	Company Namo if diffo	rent from Name to Appear on Licence	
	Company Name it unite	Terit from Name to Appear on Licence	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Discours Country to Address of the con-	
Address for Service in C	ntario (if different than the Lic	ence Primary Contact Address above)	
City	Du	vince Postal Code	
City		vince Postal Code TARIO	7
		-	
Phone Number	Toll Free (if available) Fax	Number E-mail Address	
1		III	

Indicate if same as abo	ve. If yes, proceed to	section 4.			
The primary contact for the li primary contact noted above contact for the licence applic with the licence primary cont	. An applicant may al ation. The Board will	so choose to designat communicate with this	e a consultant, lawyer, etc.	to be the pr	rimary
	Last Name		First Name		Initial
Mr.   Mrs.	Condie		Stephen		
Miss O Ms. O	Title/Position	•			
Other 🔿	Vice President & C	hief Operating Officer			
11	Company Name if	different from Name to	Appear on Licence		
	£				
Application Primary Contact	Address:				
266 South Kingsway					
City	Province/S	tate	Country	Postal	/Zip Code
Toronto	Ontario			M6S 3	3T9
Phone Number To	II Free (if available)	Fax Number	E-mail Address		
416-315-9851 scondie@magnoliaenergy.ca					
4. Customer Complaint or Inquiries Primary Contact  Provide contact information of the person to whom correspondence or communication regarding customer complaints or inquiries should be addressed. The mailing address should be in Ontario and the telephone number should be listed in Ontario. If the applicant intends to retail electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity), the applicant should also provide a telephone number which may be reached by the general public without a charge.					
	Last Name		First Name		Initial
Mr. O Mrs. O	Li		Karen		
Miss C Ms. ©	Title/Position				
Other C	Manager, Corporat				
		different from Name to	Appear on Licence		
	Magnolia Generati	on			
Customer Complaint or Inqu	iries Primary Contact	Address:			
City		Province	Postal Code		<u> </u>
Oity Oity		ONTARIO	1 USIAI COUE		
L		- · · · · · · · · · · ·			

Fax Number

E-mail Address

kli@magnoliaenergy.ca

3. Application Primary Contact

Phone Number

6479685174

Toll Free

5. Type of Application		
<ul><li>New licence</li></ul>		
C Renewal, please provide the licence nu	mber and expiry date of the existing licence	
Licence Number: ER-	Expiry Date:	
6. Trade Names		
The electricity retailer licence authorizes the held. It also provides for the use of trade n	ne licensee to conduct business using the name ames by the licensed electricity retailer.	e under which the licence is
Does the applicant intend to use trade name	nes?	
Yes, provide a list of trade name	es the applicant intends to use in the space pro	vided below.
No, proceed to 7.		
	300	
7. Applicant's Licensing Status a	nd History	
• • • • • • • • • • • • • • • • • • • •	oplicant, or an associated entity (e.g., a partne ergy Board? (the <i>Business Corporations Act</i> de	
Yes, provide details of current a	nd expired licences in the table below.	
No, proceed to 7(b).		
Licensee Name	Relation to the applicant (e.g., applicant itself, affiliate, partneretc.)	Licence Number
7100 110		

	nt, an affiliate of the appli pplication(s) before the O			, a partnership o	r limited partnership)
	ide details in the table be	•	•		
No, proce					
Applicant Name		Type of Application		Ontario Energy Board File Number (if applicable)	
	t, an affiliate of the applications				
☐ Yes, provide ☐ No	e details of current and ex	opired licences in the	e table below		
Company Name	Jurisdiction	Business Activi	y Name o	of Licensing Body	Licence/Registration No.
8. Officers, Direc	tors and Key Individ	uals	- I		
(a) If the applicant is and title.	a corporation, provide as	a separate attachm	ent a list of al	ll officers and dir	ectors, including name
following function These key individ proprietors.	ey individuals below. The s for the applicant: regula luals may include the Chi	atory requirements a ef Executive Officer	nd conduct, fi the Chief Fin	nancial matters ancial Officer, of	and technical matters. ther officers, directors and
Note: Please list explain.	t a minimum of three ke	y individuals. If ur	able to prov	ide a minimum	of three, please
Name	of Key Individual		•	• •	t's business (or identify licant's business)
James Kennedy		Pr	esident & CE	0	
Stephen Condie		Vi	ce President &	& Chief Operating	g Officer
Rolf Mauer			Chief Technology Officer		

Chief Financial Officer

Bill Erb

9. I	ntended Services and Markets
(a)	Intended Services: please identify which of the following services the applicant intends to offer. You may select as many as applicable.
	to sell or offer to sell electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity) in Ontario.
	to sell or offer to sell electricity to large-volume consumers (annually consuming more than 150,000 kilowatt hours of electricity) in Ontario.
	to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to large-volume consumers, or as an agent or broker for large-volume consumers with respect to the sale or offering for sale of electricity in Ontario.
	to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to low-volume consumers, or as an agent or broker for low-volume consumers with respect to the sale or offering for sale of electricity in Ontario.
Is the	e applicant currently providing any of the above listed services?
	Yes, provide a list of the services the applicant is currently providing.
$\boxtimes$	No, indicate when the applicant intends to provide these services.
	October 2015.
(b)	Wholesale Market Participation: does the applicant intend to operate in the IESO-administered markets and settle bilateral contracts through the IESO?
	Yes
	No, please explain how the applicant intends to participate.
	Behind the meter generator (BMG) in Multi-unit Residential Buildings (CHeP (Combined Heat & emergency Power)
(c)	Retail Market Participation: does the applicant intend to settle the wholesale market cost of electricity consumed by its customers through a distributor's settlement system?
	Yes
$\boxtimes$	No, please explain how the applicant intends to participate.

Sell electricity and heat to the end user, in our case, multi-level residential, seniors facilities, hotels and other buildin

that have a known thermal load, usually 180-480kW per site.

(g) I understand and acknowledge that, as a licensed electricity retailer, I must enter into a service agreement with the distributor before registering customers in a distributor's service area.

Name	Signature	Date
James Kennedy	Panes Coo	July 22, 2015

Must be signed by:

- (a) the proprietor or by at least one partner, officer or director of the organization; and
- (b) each key individual identified in section 8(b)

Che	cklist (return with application form)
	Two copies of the application form have been included with original signature on both copies.
	A cheque or money order for the non-refundable application fee has been included.
$\boxtimes$	A list of all officers and directors, including name and title has been attached to the application form.
	A corporate organization chart has been attached to the application form.
$\boxtimes$	Section 12 has been completed and all relevant financial information has been included.
	Section 15 has been completed for all key individuals.
	Each key individual has provided copies of two documents to support their identity. One of the documents includes a photo.